

AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

BROOKHAVEN NATIONAL LABORATORY

Life No. _____

Name _____

Bldg. No. _____

Payroll Status: Monthly _____ Weekly _____

I hereby authorize Brookhaven National Laboratory (BNL)/ Teachers Federal Credit Union (TFCU) to make payment of my net pay by initiating credit entries or correcting entries to my account(s) indicated below and the financial institutions(s) named below, to credit and/or debit the same to such accounts(s). This authorization will remain in effect until the Company named above receives written notification from me to terminate same. It is my understanding that credit authorizations may be revoked by the originator as described in the rules and regulations specified by NACHA (National Automated Clearing House Association).

NOTE: You may elect to have your net earnings deposited in two different accounts or financial institutions. If one financial institution/account is entered, your total net pay will be deposited there. If you want to split your net pay, complete the appropriate boxes below and enter the amount or percentage of net pay to be deposited to the second financial institution/account. The balance of the net pay will be deposited to the first financial institution/account.

	Financial Institution	Transit/ABA#	Account Number	Account Type	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account
	Financial Institution	Transit/ABA#	Account Number		
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account
					Amt /% <input type="text"/>

This authority is to remain in full force and effect until the Payroll Department has received notification from me of its termination in such time as to afford Payroll a reasonable opportunity to act on it.

SIGNED _____ DATE _____ PHONE EXT. _____

COMPLETED FORM SHOULD BE RETURNED TO PAYROLL; BLDG. 400D

TEACHERS FCU ACH AUTHORIZATION AGREEMENT

1. Account Number NET PAY ONLY YES ☐ NO ☐

DISTRIBUTION	ACCOUNT NO.	AMOUNT
SHARE		
SHARE DRAFT		
VACATION CLUB		
IRA		
HOLIDAY CLUB		
OTHER		
OTHER		

OTHER MEMBERS	MEMBER NAME	ACCOUNT	TYPE	AMOUNT
DISTRIBUTION				

2. **RECEIVING DEPOSITORY INFORMATION:** TEACHERS FEDERAL CREDIT UNION
FARMINGVILLE, NY 11738
TRANSIT ROUTING NUMBER (ABA) 221475786

SIGNATURE _____
DATE _____

Please visit or call your financial institution and mention that you wish to authorize ACH Direct Deposits to your account. Request the institution's routing and transit number and provide the account number on this authorization.

EFFECTIVE DATE

ACH will be effective approximately one month from the date this form is received in Payroll. This waiting period is used by the banking systems to verify your account information with your financial institution.

The only official copy of this document is on the Payroll website. Before using a printed copy, please verify that it is current by checking the document issue date. Revision Date: 1/1/08 Revision Number: 2